

| PRINT ALL ENTRIES. DO NOT WRITE IN SPACES MARKED *** | | | | | | CERTIFICATION OF LANGUAGE PROFICIENCY | | 1. LD NO. * | |
|--|--|--------------------------|--------------|--------------------|------------------|---------------------------------------|--|----------------|----|
| 2. NAME (Last, First, Middle) | | | | 3. OFFICE OR DIV. | 4. LANGUAGE | 5. LANGUAGE CODE | | | |
| 6. DATE OF TEST | | 7. ANNIVERSARY DATE * | | 8. GRADE | 9. DATE OF BIRTH | 10. TEST PURPOSE (Check one) | | | |
| 11. TEST SCORES | | READING * | WRITING * | PRONUNCIATION * | SPEAKING * | UNDERSTANDING * | APPLY FOR AWARD ESTABLISH SKILL LEVEL | | |
| NOTE: Answer items 12 - 19 ONLY if you have checked award in item 10 above. | | | | | | | | | |
| 12. LANGUAGE STUDY (Enter only for language listed in "4" above) | | | | | | | | | |
| COURSE AND PLACE OF INSTRUCTION | | | | | | FROM (Mo & Yr) | | TO (Mo & Yr) | |
| A. BEFORE ENTERING ON DUTY WITH THIS AGENCY | | | | | | | | | |
| B. AFTER ENTERING ON DUTY WITH THIS AGENCY OR SINCE PREVIOUS TEST | | | | | | | | | |
| NOTE: In accordance with [REDACTED] awards are granted only for skills achieved or maintained since entry on duty, or since 4 February 1957, whichever date is later. | | | | | | | | YES | NO |
| 13.A. DID YOU HAVE YOUR PRESENT SKILL IN THIS LANGUAGE ON THE APPLICABLE DATE? | | | | | | | | | |
| B. IF YOUR ANSWER TO "A" IS NO DID YOU HAVE ANY ABILITY IN THIS LANGUAGE ON THAT DATE? | | | | | | | | | |
| 14.A. WAS YOUR SKILL IN THIS LANGUAGE ACQUIRED THROUGH FAMILY ASSOCIATION? | | | | | | | | | |
| B. WAS YOUR SKILL IN THIS LANGUAGE ACQUIRED THROUGH RESIDENCE ABROAD? | | | | | | | | | |
| 15.A. ARE YOU REQUIRED TO READ, WRITE AND/OR SPEAK THIS LANGUAGE IN PERFORMING YOUR DUTIES? | | | | | | | | | |
| B. IF YOUR ANSWER TO "A" IS NO DO YOU USE THIS LANGUAGE IN YOUR DUTIES, ALTHOUGH NOT REQUIRED TO DO SO? | | | | | | | | | |
| 16. EXPLAIN IN DETAIL BY ITEM NO. EACH "YES" ANSWER ABOVE. (Use reverse side if necessary.) | | | | | | | | ITEM NO. | |
| 17. DO YOU EXPEND ANY EFFORT TO RETAIN OR TO IMPROVE YOUR SKILL IN THIS LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If your answer is "yes" explain the kinds of activities in which you engage and the approximate off-hours time you spend on each of these activities each month.) | | | | | | | | | |
| 18. GENERAL LOCATION AND DATES OF YOUR FIELD ASSIGNMENTS WITH THE AGENCY SINCE 4 FEBRUARY 1957 OR YOUR LAST TEST IN THIS LANGUAGE. | | | | | | | | | |
| 19. I CERTIFY TO THE ABOVE STATEMENTS | | | | DATE | | SIGNATURE OF APPLICANT | | | |
| 20. REGISTRAR'S STATEMENT | | | | | | | | | |
| 21. RECOMMENDATION OF CAREER BOARD | | | | | | | | | |